



First Name [grid]

Last Name [grid]

Street Address [grid]

City [grid]

State [grid]

Zip [grid]

Phone [grid]

Email Address [grid]

County [grid]

Vehicle Make/Mfg. (e.g. Chevy, Buick) [grid]

Vehicle Model (e.g. Malibu, Enclave) [grid]

Vehicle Year [grid]

I understand that the sole purpose of this program is to reduce the incidence of improper installation and use of child safety seats; that this inspection is provided free of charge in the interest of public safety; that this program cannot fully evaluate the quality, safety or condition of the child safety seat, any component of my vehicle including the seats, safety belt and airbag systems; this program cannot guarantee my child's safety in a crash. I understand that to have full protective benefit of the child safety seat the infant and/or child must at all times be properly secured to the child safety seat and the child safety seat must at all times be properly secured to the vehicle in accordance with the vehicle and child safety seat manufacturer's instructions, and in conformance with Colorado law. I hereby release any program participants from any present or future liability for any injuries including death or dangers that may result from a vehicle collision or otherwise.

I understand that on occasion a great deal of force must be used to properly secure the child safety seat into the vehicle. I release all agencies and personnel involved from liability and responsibility for any and all damage(s) caused to my vehicle and/or contents therein while installing the child safety seats.

Today's Date [grid] / [grid] / [grid]

Caregiver Signature _____

What CPS Agency is hosting this event? [grid]

Technicians Participating (T# and last name, include Primary) [grid]

What state is this event taking place in? [grid] Event _____

CHILD _____

Child present [radio] Yes [radio] No [radio] Unborn Child's age [radio] 0<1 [radio] 1<2 [radio] 2<3 [radio] 3<4 [radio] 4<5 [radio] 5<6 [radio] 6<7 [radio] 8<9 [radio] 9+ Height/inches [grid] Weight/pounds [grid]

ON ARRIVAL CS = Car Seat | RF = Rear-Facing | FF = Forward-Facing | NCS = No Child Seat on Arrival

1. Child/CS Location in Vehicle [radio] front row [radio] back [radio] 3rd row [radio] Other seat location Explain: [grid]

2. Child/CS Installed Using (select all that apply) [radio] No CS [radio] Uninstalled [radio] Integrated Seat [radio] Unrestrained [radio] Seat Belt [radio] Tether [radio] Lower Anchor [radio] Other: [grid]

3. Restraint Type: [radio] RF Only without Base [radio] RF Only with Base [radio] Base Only [radio] RF Convertible [radio] FF with Harness [radio] Belt Positioning Booster [radio] Lap/Shoulder Seat Belt (go to #21) [radio] Lap Only Seat Belt (go to #21) [radio] Specialized Restraint [radio] Large Medical Seat [radio] Adaptive Booster [radio] Vest [radio] Other: [grid]

4. CS Labels Missing? [radio] Yes [radio] No [radio] N/A

5. CS MFG: [grid]

6. Model Name: [grid]

7. Model Number: [grid]

8. MFG Date (MM/DD/YYYY): [grid] / [grid] / [grid]

9. Expiration Date (MM/YYYY): [grid] / [grid] / [grid]

10. CS Expired? [radio] Yes [radio] No [radio] NCS [radio] Unknown

11. CS Recalled [radio] Yes [radio] No [radio] Unknown [radio] NCS

FINDINGS ON ARRIVAL

12. CS History Known

Yes No NCS

13. CS Involved in a Crash

Yes No Unknown NCS

14. CS Secured Per MFG's Instructions

Yes No NCS

15. CS Correct Direction Per MFG's Instructions

Yes No NCS

16. CS Correct Direction Per State's Law

Yes No NCS

17. CS Harness Correct

Yes No NCS N/A

***If no: check all that apply

Twisted

Too Loose

Retainer Clip: Wrong Placement

Harness Slot: Wrong Placement

Crotch Buckle: Location/Routing

Damaged

Harness not used

Harness Altered in Some Way

Other:

18. Recline Angle Correct

Yes No NCS N/A

19. Lower Anchors Correct

Yes No NCS N/A

***If no: check all that apply

Incorrect Use of the Vehicle Anchors

Exceeds Weight Limit

Twisted

Routing (i.e. around crotch buckle/harness/belt path)

Connector Orientation (i.e. upside down)

Too Loose

Used with a Seat Belt

Other:

20. Tether Correct

Yes No NCS N/A

***If no: check all that apply

Not Used

Too Loose

Routing

Not Appropriate Tether

Attachment (i.e. cargo tie down)

Twisted

Connector Orientation (i.e. upside down)

Exceeds Weight Limit

Other:

21. Seat Belt Correct

Yes No NCS N/A

***If no: Check all that apply

Too Loose

Retractor Not Locked

Locking Clip

Routing (i.e. around crotch buckle/harness/belt path)

Used with Lower Anchor

Child Fit (i.e. booster belt fit, behind the back, under the arm)

Other:

22. Handle Position Correct

Yes No NCS N/A

23. Are there non-regulated products?

Yes No NCS

24. Is the load leg installed correctly per manufacturer's instructions?

Yes No N/A NCS

TECHNICIAN DISCUSSED:

airbags • unused seat belts • projectiles
expiration date • premature transition
next steps • best practice vs. state law

ON DEPARTURE

25. Child/CS location in vehicle

front row Other seat location
 back Demonstration Seat
 3rd row Explain:

26. Child/CS Installed Using

(select all that apply)

No CS

Uninstalled

Integrated Seat

Unrestrained

Seat Belt

Tether

Lower Anchor

Other:

27. Is this the same CS as 'On Arrival'?

Yes No

***If no: CS Donor

Meets Eligibility Requirements

28. Was previous seat discarded?

Yes No N/A

29. Was previous seat recycled?

Yes, by caregiver. Yes, by technician. No N/A

30. Restraint type:

RF Only without Base

RF Only with Base

Base Only

RF Convertible

FF with Harness

Belt Positioning Booster

Lap/Shoulder Seat Belt

Lap Only Seat Belt

Specialized Restraint

Large Medical Seat

Adaptive Booster

Vest

Other:

31. CS MFG:

32. Model Name:

33. Model Number:

34. MFG Date (MM/DD/YYYY):

/ /

35. Expiration Date (MM/DD/YYYY):

/ /

36. Is the CS registered?

Yes No

37. Caregiver Donation

Yes No Donation Amount

38. All corrections made prior to departure?

Yes No

39. Is the CS compatible with the vehicle?

Yes No N/A

40. Educational materials given?

Yes No

CAREGIVER SIGN OFF

41. I harnessed a child/doll in a CS

Yes No N/A

42. I participated in installing this CS today.

Yes No N/A

43. Caregiver's initials

44. Final Inspection Sign-Off

Documentation Box: